

**ADMINISTRATIVE INFORMATION FOR MEDICAL EVALUATION BOARD**

*(This form is subject to the Privacy Act of 1974. Use DD Form 2005.)*

1. NAME *(Last, First, MI)*

2. RANK

3. SOCIAL SECURITY NUMBER

4. BRANCH OF SVC

5. BASIC ACTIVE SVC DATE

6. ETS DATE

7a. MOS

7b. TITLE OF MOS

8. UNIT NAME

9. DUTY STATION

10. ADMINISTRATIVE ACTIONS ONGOING, PENDING AND/OR COMPLETED *(Line of duty investigations, courts-martials, selective early retirement, bars to reenlistment, and retirement or separation dates.)*

11. LIST ALL SCHOOLS ATTENDED *(In chronological order beginning with the first.)*

12. LIST ALL DUTY STATIONS YOU HAVE SERVED AT *(In chronological order beginning with the first. Indicate those involving direct combat.)*

13a. SIGNATURE

13b. DATE